

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107019653** FILING DATE **19 APR 2002**

APPLICANT(S) **Tsuji**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2			/				52						
3			/				53						
4			/				54						
5			/				55						
6			/				56						
7			/				57						
8			/				58						
9			/				59						
10			/				60						
11			/				61						
12			/				62						
13			/				63						
14			/				64						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			14				TOTAL DEP.						
TOTAL CLAIMS			17				TOTAL CLAIMS						

COPY